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CONFIRMATION NO. 6693

<b>SERIAL NUMBER</b> 09/376,604	<b>FILING OR 371(c) DATE</b> 08/18/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> AREX-P03-004
<b>APPLICANTS</b> RAGUPATHY MADIYALAKAN, EDMONTON, CANADA; ANTOINE A. NOUJAIM, EDMONTON, CANADA; BIRGIT SCHULTES, LEXINGTON, MA; RICHARD BAUM, HARGESHEIM, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a CIP of PCT/IB96/00461 05/15/1996 and is a CIP of 08/877,511 06/17/1997 PAT 6,086,873 and is a CIP of 09/094,598 06/15/1998 ABN and is a CIP of 09/152,698 09/02/1998 and is a CIP of PCT/IB99/01114 06/15/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/02/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CANADA	SHEETS DRAWING 11	TOTAL CLAIMS 240
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 10		
<b>ADDRESS</b> Matthew P Vincent Ropes & Gray One International Place Boston, MA02110				
<b>TITLE</b> THERAPEUTIC COMPOSITIONS THAT ALTER THE IMMUNE RESPONSE				
<b>FILING FEE RECEIVED</b> 8383	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	